

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**09773503**

FILING DATE

**02-07-01**

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3							53						
4	1						54						
5							55						
6		1					56						
7	1						57						
8							58						
9		1					59						
10							60						
11		1					61						
12							62						
13		1					63						
14							64						
15		1					65						
16							66						
17		1					67						
18							68						
19		1					69						
20	1						70						
21							71						
22		1					72						
23							73						
24		1					74						
25							75						
26		1					76						
27							77						
28		1					78						
29							79						
30		1					80						
31	1						81						
32							82						
33	1						83						
34	1						84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	8						TOTAL IND.						
TOTAL DEP.	26						TOTAL DEP.						
TOTAL CLAIMS	34						TOTAL CLAIMS						

BEST AVAILABLE COPY